

**BROWNFIELD REDEVELOPMENT PROGRAM  
CERTIFICATION OF ENVIRONMENTAL COMPLIANCE  
To Accompany Applications For Claiming Brownfield Tax Benefits or Remediation Tax Credits**

READ PAGES 8-9 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

FOR CALENDAR YEAR \_\_\_\_\_ OR TAX YEAR BEGINNING \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, ENDING  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**THIS PORTION IS TO BE COMPLETED AND ATTACHED TO FORM 447 OR 447-A (WHICHEVER IS APPLICABLE), AND 447-R, EACH TIME THE TAX BENEFITS OR CREDITS ARE CLAIMED.**

<b>PLEASE TYPE OR PRINT</b>	NAME OF ELIGIBLE PROJECT	FEDERAL I.D. NO.
		AND
	ADDRESS OF ELIGIBLE PROJECT (STREET AND P.O. BOX)	TAXPAYER FEDERAL I.D. NO.
		AND
	CITY COUNTY STATE ZIP CODE	MISSOURI TAX I.D. NO. (MITS)

**FOR BROWNFIELD TAX BENEFITS:**

<b>PLEASE TYPE OR PRINT</b>	NAME OF BUSINESS	FEDERAL I.D. NO.
		AND
	ADDRESS OF BUSINESS	TAXPAYER FEDERAL I.D. NO.
		AND
	CITY COUNTY STATE ZIP CODE	MISSOURI TAX I.D. NO. (MITS)

**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I, \_\_\_\_\_, am a duly authorized representative of the above-named eligible project, and in that capacity I certify that the project located at the address listed above is operated in compliance with all applicable environmental laws and regulations, including permitting and registration requirements of this state as well as all federal and local requirements.

\_\_\_\_\_  
Authorized Representative (signature)

\_\_\_\_\_  
Title (printed or typed)

\_\_\_\_\_  
Authorized Representative (printed or typed)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I am commissioned as a notary republic within the County of \_\_\_\_\_, State of \_\_\_\_\_, and my commission expires on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

FOR BUSINESSES CLAIMING BROWNFIELD TAX BENEFITS ONLY (IF NECESSARY):

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

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TAXPAYER'S OR DESIGNEE'S SIGNATURE      DATE

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PREPARER'S SIGNATURE      DATE

**MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: INCENTIVES SECTION, PO BOX 118,  
JEFFERSON CITY, MO 65102**

**(Revised 2/99)**